

PTO-1083

[DOCKET NUMBER]  
[EXPRESS MAIL LABEL NO.]

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masahiro EGUCHI, et al.

Serial No: 09/923,265

Confirmation No.: 2522

Filed: August 3, 2001

For: FACSIMILE SERVER, ELECTRONIC MAIL DEVICE,  
AND COMMUNICATION METHOD

Art Unit: 2626

Examiner: Charlotte M. Baker

I hereby certify that this correspondence  
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to:Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

April 25, 2005

Date of Deposit

Diane Zynn

Name

Signature

04/25/05

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
- ☒ A certified translation of Japanese patent application No. 2000-243745 which was filed August 11, 2001, from which priority is claimed is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	***	0	LG=\$200 SM=\$100	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
Independent Claims: 1, 14, 18, and 19						TOTAL		\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

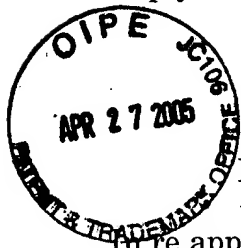
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Date: April 25, 2005

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Appl. No. 09/923,265  
Amdt. Dated April 25, 2005  
Reply to Office Action of January 26, 2005

Attorney Docket No. 81800.0162  
Customer No.: 26021



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**AMENDMENT**

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Name

*Diane Zynn*

Signature

04/25/05

Date

Dear Sir:

In response to the Office Action dated January 26, 2005, please amend the  
above-referenced application as follows:

**Amendments** to the specification begin on page 2 of this paper.

**Amendments** to the Claims are reflected in the listing of claims which  
begins on page 3 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.